



# State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,  
WILL BE ASSESSED A \$50.00 LATE FEE.

Effective Date Filed: 06/17/2004  
Business ID: 286006  
Will Secretary of State  
Sec William M. Gardner

DELTA REALTY ASSOCIATES, INC.

211 CHELMSFORD ST  
LOWELL, MA 01851

ADDRESS OF PRINCIPAL OFFICE:

211 CHELMSFORD ST  
LOWELL, MA 01851

1 REGISTERED AGENT AND OFFICE:

WALTER J. WROBEL JR  
21 W WHITNEY'S GROVE, LN 9  
DERRY, NH 03038

ENTITY TYPE: CORPORATION

BUSINESS ID: 286006

STATE OF DOMICILE: MA

FEDERAL ID: 043351757

SELLING HOMES, ALL FORMS OF REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

2 ☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME: Walter J. Wrobel Jr.  
STREET: 21 W. Whitney's Grove  
CITY/STATE/ZIP: Derry NH 03038

NAME: Beatrice Wrobel  
STREET: 21 W. Whitney's Grove  
CITY/STATE/ZIP: Derry NH 03038

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).  
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME: Walter Wrobel III  
STREET: 293 Pae Hill Rd  
CITY/STATE/ZIP: Chelmsford MA 01826

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_

To be signed by an officer, Director, or any other person authorized by the board of directors.  
I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

4 Sign here:

Please print name and title of signer:

NAME

TITLE

REPORT FEE IS: \$150.00

E-MAIL ADDRESS (OPTIONAL): WWrobel@AOL.com



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED  
REQUIRED INFORMATION MUST BE COMPLETE OR THE  
MAKE CHECK PAYABLE TO THE  
RETURN COMPLETED REPORT

New Hampshire Department of State, Annual Reports,

State of New Hampshire  
Fee - Form 47 - (Corporations) 1 Page(s)



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